

ASSOCIATE POWER OF ATTORNEY And CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/608,305
	Filing Date	June 27, 2003
	First Named Inventor	Liang C. Dong et al.
	Title	Controlled Release Capsule for Delivery of Liquid Formulation
	Art Unit	1614
	Confirmation Number	8986
	Examiner Name	
	Attorney Docket Number	ARC 3251R1

I hereby appoint:

☒ Practitioners associated with the Customer Number: **30766**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as Associate Attorney of Record to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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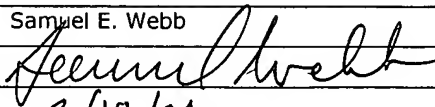
☐ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ Attorney/Agent of Record

SIGNATURE OF Applicant, Assignee of Record, Attorney, or Agent

Name	Samuel E. Webb	Registration No.	44,394
Signature			
Date	2/18/04	Telephone	650-564-5106

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.